



Catholic Charities CYO

St. Vincent's Foster Family Agency

APPLICATION

This application form asks basic information about you, your family and household. The answers you provide will help us get acquainted with you. This basic personal information is generally not used to "screen" a potential foster parent in or out of the program. Rather, it is only the beginning of a mutual assessment process. All responses are kept confidential.

Applicant #1

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone-Home: _____ Work: _____ Cellular: _____

Date of Birth: _____ Social Security Number: _____

Marital Status: Single Never Married Married Divorced Widowed

If Widowed - Name of Spouse: _____ Date deceased: _____

Date of Marriage (if applicable): _____ Place: _____

How long at current address? _____ How long in California? _____

own home rent home apartment/condo/townhouse

Last Address (if less than five years): _____

City: _____ State: _____ Zip Code: _____

Are you a U. S. Citizen? Yes No Do you have a Green Card? Yes No

Do you speak languages other than English? If yes, which ones? _____

CA Driver's License # _____ Expiration Date: _____

Do you have a car? Yes No Car insurance with at least 100/300 coverage? Yes No

Has your driver's license ever been suspended or revoked? If yes, explain: _____

Education (circle last year of schooling completed) 5 6 7 8 9 10 11 12 / 13 14 15 16 / 17 18

College Attended: _____ Major: _____ Degree: _____

Conditions of Health: _____

Do you have any physical condition or limitation? Describe: _____

Religion: _____ Ethnicity: _____

Prior Marriage(s) dates: _____

Name and address of Present Employer: _____

Telephone Number: _____

Date of Employment: _____ Position Held: _____

Monthly Gross Income: _____ Work days: _____ Hours: _____

Monthly rent / Mortgage payment: _____

Other sources of family income, i.e., child support, alimony, social security, adoption assistance, rental income, retirement, additional employment: _____ Monthly: \$ _____

Have you ever been arrested and/or convicted for any offense, including juvenile offenses? Yes No

If yes, explain (include date, place, and disposition): _____

(State law requires that you be fingerprinted as a condition of your application to become a foster parent)

Signature: _____ Date: _____

(I hereby certify that the statements in this application are true, and give my permission for verification. If I am accepted into St. Vincent's Foster Family and Adoption Agency, I understand that any falsification (either by omission or commission) of information on this application will be grounds for immediate discharge.)

This application form asks basic information about you, your family and household. The answers you provide will help us get acquainted with you. This basic personal information is generally not used to "screen" a potential foster parent in or out of the program. Rather, it is only the beginning of a mutual assessment process. All responses are kept confidential.

Applicant #2

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone-Home: _____ Work: _____ Cellular: _____
Date of Birth: _____ Social Security Number: _____
Marital Status: Single Never Married Married Divorced Widowed
If Widowed - Name of Spouse: _____ Date deceased: _____
Date of Marriage (if applicable): _____ Place: _____
How long at current address? _____ How long in California? _____
 own home rent home apartment/condo/townhouse
Last Address (if less than five years): _____
City: _____ State: _____ Zip Code: _____
Are you a U. S. Citizen? Yes No Do you have a Green Card? Yes No
Do you speak languages other than English? If yes, which ones? _____
CA Driver's License # _____ Expiration Date: _____
Do you have a car? Yes No Car insurance with at least 100/300 coverage? Yes No
Has your driver's license ever been suspended or revoked? If yes, explain: _____

Education (circle last year of schooling completed) 5 6 7 8 9 10 11 12 / 13 14 15 16 / 17 18
College Attended: _____ Major: _____ Degree: _____
Conditions of Health: _____

Do you have any physical condition or limitation? Describe: _____
Religion: _____ Ethnicity: _____
Prior Marriage(s) dates: _____
Name and address of Present Employer: _____

Telephone Number: _____
Date of Employment: _____ Position Held: _____
Monthly Gross Income: _____ Work days: _____ Hours: _____
Monthly rent / Mortgage payment: _____
Other sources of family income, i.e., child support, alimony, social security, adoption assistance, rental income, retirement, additional employment: _____ Monthly: \$ _____

Have you ever been arrested and/or convicted for any offense, including juvenile offenses? Yes No
If yes, explain (include date, place, and disposition): _____

(State law requires that you be fingerprinted as a condition of your application to become a foster parent)

Signature: _____ Date: _____

(I hereby certify that the statements in this application are true, and give my permission for verification. If I am accepted into St. Vincent's Foster Family and Adoption Agency, I understand that any falsification (either by omission or commission) of information on this application will be grounds for immediate discharge.)

Children in your Home

Name	M/F	Date of Birth	Legal Status*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Legal Status: birth, step, foster, adopted, guardianship.

Children away from Home

Name	M/F	Date of Birth	City of Residence
_____	_____	_____	_____
_____	_____	_____	_____

Others in your Home

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____

Medical conditions/limitations for all household members

Name	Condition	Limitation
_____	_____	_____
_____	_____	_____

Pets in your Home

Name	Type	Indoor	Outdoor	Shots Current
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does anyone who lives in your house smoke? If yes, who? _____

Do they smoke in the house? Yes No Car? Yes No

Do you own firearms or other weapons? Yes No If yes, please explain: _____

Are weapons and ammunition stored and locked separately? Yes No

Does your home have a swimming pool, pond, or other body of water? Yes No

Is it fenced or covered? Yes No Explain: _____

How many children do you hope to care for? _____ Age Range: _____

Male Female Either Both Siblings

We would prefer: Long Term Foster Care Short Term Foster Care Respite Guardianship Adoption

Number of bedrooms available: _____

Have children ever previously been placed in your home? If yes, by whom? _____

If they are not currently with you, why not? _____

Have you ever applied to any other agency? If yes, give date and the name of agency: _____

If placement did not follow, why not? _____

Describe your specific experience with children: _____

We would like to be Foster Parents because: _____

References

Please list names, addresses and telephone numbers of at least five people who know you, your family and your parenting style. **References cannot be from relatives, i.e., mother, father, sister, brother, aunt, uncle. References cannot be from a business firm.**

1. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

3. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

4. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

5. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

6. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

[Directions to your Home](#)
